

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/22/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155423		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/16/2011	
NAME OF PROVIDER OR SUPPLIER HAMMOND-WHITING CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1000 114TH STREET WHITING, IN46394			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00087365.</p> <p>Complaint IN00087365 substantiated, Federal/State deficiencies related to the allegations are cited at F 282.</p> <p>Survey dates: March 14, 15, and 16, 2010</p> <p>Facility number: 000365 Provider number: 155423 AIM number: 100287460</p> <p>Survey team: Janelyn Kulik, RN</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicare: 26 Medicaid: 36 Other: 10 Total: 72</p> <p>Sample: 8</p> <p>This deficiency also reflects State findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed 3-17-11 Cathy Emswiller RN</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0282 SS=D	<p>Based on observation, record review and interview the facility failed to ensure physician's orders were followed related to wearing Prevalon boots (foot covering to help relieve pressure) for 1 of 2 residents reviewed with orders for Prevalon boot in a sample of 8 residents. (Resident #H)</p> <p>Findings include:</p> <p>On 3/15/11 at 9:40 a.m. Resident #H was observed sitting in wheelchair with socks and slip on canvas shoes on her feet.</p> <p>On 3/16/11 at 7:58 a.m. Resident #H was observed sitting in wheelchair with socks on her feet.</p> <p>On 3/16/11 at 9:35 a.m. the resident was observed in activities with socks on her feet.</p> <p>On 3/16/11 at 10:25 a.m. the resident was observed in activities with socks on her feet.</p> <p>The record for Resident #H was reviewed on 3/15/11 at 7:50 a.m. Her diagnoses included, but were not limited to, cerebral vascular accident (stroke), hypertension, anxiety, and depression.</p> <p>A physician order dated 3/4/11 at 2:00 p.m., indicated leave scratch to right side of forehead open to air and Prevalon boot to right foot at all times.</p> <p>A physician order dated 3/5/11, indicated Stage I plantar surface left foot leave open to air and observed. right bunion Stage I, Prevalon boot at all times.</p> <p>LPN #1 provided a CNA care sheet on 3/16/11 at 8:50 a.m. Review of the care sheet at this time indicated the Prevalon boots were not on the care</p>			F0282	<p>Resident H. was reviewed regarding Prevalon boots bilaterally she currently has no wounds. Physician was contacted and order was changed to off loading heels bilaterally when in bed. Plan of care updated and responsible party notified. Investigation revealed Prevalon boots not on care guide as entered. Residents wearing Prevalon boots per orders were reviewed by nursing administration to ensure Prevalon boots still indicated as ordered. Charts and orders were reviewed to ensure residents requiring Prevalon boots were reflected on the care guides and Prevalon boots were still appropriate. Systems. Rounds will be made daily by charge nurses to ensure Prevalon boots on as ordered Prevalon boot orders will be added to the treatment records & signed off as ordered by licensed nurses to ensure placement. Rounds will be made by administration daily Monday – Friday to ensure Prevalon boots are on resident as ordered. Administration will review any changes made to care guides to ensure they were saved in computer with side by side comparison after printing updated care guides daily.</p> <p>Monitoring. Facility and nursing</p>		03/18/2011

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	sheet. Interview with CNA #1 on 3/16/11 at 9:35 a.m., indicated she was caring for Resident #H today. She further indicated she was not aware of the resident having boots to wear. Interview with the Director of Nursing on 3/16/11 at 10:15 a.m., indicated she had spoken to CNA #1 and the Prevalon boots were not on the care sheet. She further indicated Resident #H should have had boots on both feet. This federal tag relates to Complaint IN00087365. 3.1-35(g)(2)				administration will audit residents with orders for Prevalon boots to ensure they are being worn as ordered. Printing of care guides with changes made will be done daily and reviewed to ensure changes were saved in computer. Administration responsible. Audits of residents requiring Prevalon boots will be completed 5X/week times 4 weeks then 3X/week times 8 weeks then weekly times 8 weeks to ensure care guides updated with Prevalon boots and changes to care guides are saved in computer as indicated by administration. Review of the audits will be discussed at least monthly in PI times 6 months. Date of compliance 3/18/11 100% compliance.		